SOUTHBRIDGE HEALTH CARE LP

Continuous Quality Improvement Initiative Annual Report

HOME NAME : Humber Valley Terrace	*Annual Schedule: May 2026*

People who participated in the evaluation of this report

	Name and Designation	Date of Evaluation
Quality Improvement Lead	Caroline Shemilt - RN DOC	22-May-26
Director of Care	Caroline Shemilt - RN DOC	
Executive Directive	Astrida Kalnins	
Nutrition Manager	Milena Boricic	
Programs Manager	Dominika Klusek	
Clinical Consultant	Juan Carlo Cruz RN	
Resident Council Representative	Anwar Mekhail	
Family Council Representative	N/A	
Medical Director	Dr. Gaurav Bhattacharya	
Other	Kirandeep Nijjar - ADOC	
Other	Ravinder Rhandhawa ADOC, Marvin White ESM, Isha Patel RSC, Shevon Panchew OM, Judith Biju IPAC.	

Summary of the Home's priority areas for quality improvement, objectives, policies, procedures and protocols from previous year (2025/2026): What actions were completed? Include dates and outcomes of actions.

Quality Improvement Objective	Policies, procedures and protocols used to achieve quality improvement	Outcomes of Actions, including dates
Initiative #1 Strengthing Clinical Communication and Transition Planning: Reduce the unneccessary hopitla transfers by improving the team communication, enhancing the teams clinical decision-making, and ulitizing resources available onsite/offsite.	**Change Idea 1: SBAR Education and Implementation** Education was provided to the Registered Team on when and how to effectively utilize SBAR as a standardized communication tool. Initial education sessions focused on understanding each component of SBAR and its application in clinical situations. This was followed by ongoing reinforcement through daily practice, leadership support, and clinical discussions. Registered staff were encouraged to complete a thorough review of the resident's history, current assessments, and changes in condition prior to initiating any transfer to the emergency department. The use of SBAR supported staff in organizing clinical information, identifying appropriate interventions, and determining if the resident could be safely managed within the home using available on-site and off-site resources. **Change Idea 2: NP and MD Collaboration** Ongoing collaboration with the Nurse Practitioner (NP) and Most Responsible Physician (MRP) was emphasized to support timely and appropriate clinical decision-making. The Registered Team completed assessments and utilized SBAR to clearly communicate changes in resident condition to the NP and MD. This structured approach ensured that all relevant clinical information was shared consistently when seeking guidance or escalation. The NP and MD supported the team in reviewing clinical status, identifying appropriate interventions, and considering alternatives to hospital transfer where appropriate. This stepwise process of assessment, communication, consultation, and intervention strengthened interdisciplinary collaboration and increased team confidence in managing complex resident care needs within the home. **Change Idea 3: Hospital Tracking Logs and Data Analysis** Emergency department transfers were documented using hospital tracking logs and reviewed on a quarterly basis. Each transfer included detailed information such as reason for transfer (e.g., uncontrolled pain, falls, responsive behaviours) and the number of admissions per month. This data was analyzed to identify patterns, trends, and opportunities for improvement. Findings were reviewed at quality and clinical meetings, allowing the interdisciplinary team to reflect on outcomes and adjust care practices as needed. This ongoing process supported data-informed decision-making and contributed to the development of targeted strategies aimed at reducing unnecessary hospital transfers while maintaining resident safety.	In 2025, efforts were made to improve clinical communication and decision-making across the home. Staff focused on responding to residents more quickly, improving how information was shared, and ensuring concerns were addressed in a timely manner. As a result, 93.95% of residents reported they could get help right away, and 87.11% reported that communication from leadership was clear and timely. Leadership remained visible and accessible, and regular opportunities such as Resident Council and care conferences supported open communication with residents and families. The home continued to focus on continuous improvement by regularly reviewing data from surveys, audits, and performance indicators. Results were discussed at leadership and CQI meetings, and action plans were developed to address any identified gaps. Teams worked together to ensure resident feedback and care needs were reflected in care planning, supporting a consistent, responsive, and resident-centred approach to care.

Initiative #2 Service and Excellance: Promote equality, inclusion, and person centered sevice by fostering a culturally aware, engaged and responsive care environment for residents, families and team.	**Change Idea 1: Resident, Family, and Team Engagement in Home Activities** The home worked toward developing a collaborative approach by engaging residents, families, and team members in the planning and implementation of activities, events, and programs within the home. Initial steps included identifying interested participants and creating opportunities for involvement through meetings, informal discussions, and feedback mechanisms. The team supported inclusion by encouraging participation from diverse cultural backgrounds represented within the home. Activities and events were promoted to reflect this diversity, helping foster a more inclusive and responsive environment. This approach supported ongoing engagement and strengthened relationships between residents, families, and the care team. **Change Idea 2: Completion of SURGE Education on Culture and Diversity** The home focused on achieving full completion of SURGE education related to culture and diversity. Staff were provided with access to new learning technology, allowing education to be completed in a flexible and accessible manner. Education was introduced, monitored, and reinforced through leadership follow-up and reminders. The team was supported in understanding the importance of culturally competent care and how it applies to daily practice within the LTC setting. This step-by-step approach of education, access, and reinforcement helped improve awareness and supported the delivery of person-centred care. **Change Idea 3: Monitoring Progress Through Quality and CQI Processes** Progress related to service excellence and education completion was monitored regularly through established quality structures. Monthly Quality Program meetings were used to track participation and identify any barriers to completion. Quarterly CQI and PAC meetings provided an opportunity to review overall progress and ensure alignment with home priorities. Feedback from these meetings informed ongoing adjustments and supported continued focus on achieving targets. This structured review process ensured accountability and supported sustained improvement.	Person-centred and culturally responsive care was strengthened, contributing to improved satisfaction with care conferences, which reached 94.52% and exceeded the 75% target. Efforts focused on ensuring residents felt heard, respected, and involved in discussions about their care, with attention to individual preferences, values, and cultural needs. Continuous Quality Improvement activities supported ongoing identification of potential risks and areas for improvement. Data from audits, feedback, and care outcomes were regularly reviewed, and strategies were implemented to address concerns and enhance the quality of resident care in a timely and proactive manner.
Initiative #3 Safe and Effective Care: The home is focused on improving safe and effective care by addressing the use of antipsycotice medications for residents with out a diagnosis. Through an interdiciplianrary approach, team education and gradual deprescribing we will continue to reuce unneccessary antipsycotics.	**Change Idea 1 : Implementation of Non-Pharmacological Interventions** The home focused on reducing reliance on antipsychotic medications through the implementation of non-pharmacological approaches. The baby doll program was introduced as a supportive intervention for residents experiencing responsive behaviours and mental health concerns. Staff were encouraged to utilize this and other individualized interventions as a first approach to care. This supported a gradual shift away from medication use and promoted more person-centred strategies. **Change Idea 2: Staff Education and Application of GPA Training** The team received education in Gentle Persuasive Approaches (GPA), supporting staff in understanding and responding to responsive behaviours in a safe and effective manner. Training was reinforced through daily practice, with staff applying learned techniques when providing care. Leadership and clinical supports encouraged consistent use of these approaches, helping to ensure that care remained respectful and aligned with best practice. **Change Idea 3 : Pharmacy Transition and Medication Review** A change in pharmacy provider supported the implementation of the Best Possible Medication Review (BPMR) process . All new admissions were reviewed to ensure that medications, including antipsychotics, were assessed prior to or upon admission. This established a consistent process for evaluating medication appropriateness at the point of entry into the home. **Change Idea 4: Interdisciplinary Collaboration and Ongoing Review** The interdisciplinary team, including the Nurse Practitioner, Pharmacy Representative, Behavioural Supports Ontario (BSO), and clinical leads, worked collaboratively to review residents currently receiving antipsychotic medications. Regular reviews were conducted to assess ongoing need, and medications were titrated or reduced where appropriate. This ongoing process supported safe deprescribing practices while maintaining resident comfort and safety.	Efforts to strengthen processes related to the appropriate use of antipsychotic medications were implemented, with regular reviews and increased clinical oversight supporting better decision-making. Despite these efforts, rates were 8.66%, remaining above the 5% target and indicating ongoing opportunities for improvement. The home continued to focus on reducing use through approaches such as interdisciplinary medication reviews, reassessment of clinical indications, and consideration of alternative interventions. These initiatives remained ongoing, with continued emphasis on monitoring, education, and collaboration to further reduce usage.

Initiative #4 **Safety: The home is comitted to the safety of our residents by reducing the number of falls through a collabrative interdiscipinary team approach. With identifying risk factors, reviewing interventions and focusing on prevention, we strive to achieve our residents safety.**	**Change Idea 1: Falls Program Review and Risk Identification** The home completed a review of the falls prevention program and identified that fall rates were slightly above the provincial average. Residents at high risk for falls were identified through ongoing assessments and monitoring. This provided a clear starting point for targeted interventions and quality improvement efforts. **Change Idea 2: Falls Committee Review and Intervention Management** The Falls Committee actively reviewed all fall incidents and current interventions for high-risk residents. Individual care plans were evaluated and updated to ensure interventions remained appropriate and effective. This included reviewing trends and identifying opportunities to strengthen prevention strategies. **Change Idea 3: Team Engagement and Feedback on Interventions** The Falls Champion and clinical leads engaged frontline staff to gather feedback on interventions that were working well and those that required adjustment. This feedback was incorporated into care planning, allowing the team to make practical and timely changes based on direct care experience. This approach supported continuous improvement and staff engagement. **Change Idea 4: Physician Engagement in Resident Care** New physicians were onboarded and became actively involved in resident care, including falls prevention strategies. Their involvement supported timely medical review and strengthened interdisciplinary collaboration in managing resident risk factors. **Change Idea 5: Ongoing Data Monitoring and Quality Review** Falls data, policies, and program outcomes were reviewed monthly and quarterly through quality and clinical meetings. This consistent review process supported identification of trends, ensured accountability, and guided ongoing improvements to the falls prevention program, with a continued focus on resident safety.	Falls prevention efforts were strengthened through enhanced monitoring and targeted interventions aimed at reducing risk and improving resident safety. Despite these efforts, the falls rate was 16.15%, slightly above the 15% target, indicating ongoing opportunities for improvement. The home continued to implement and monitor individualized care strategies, including risk assessments, environmental modifications, and staff education. These approaches remained in place with continued focus on reducing falls and supporting safer outcomes.
2024 Resident Satisfaction Survey: Top Opportunities Improve resident and family experience related to care conferences, timely access to assistance, and communication from leadership, as identified through survey results **Care Conferences: 58.1%** **Timely Help: 54.7%** **Leadership Communication: 62.2%**	**1. Care Conferences: By December 2025, all care conferences will consistently include resident/family feedback, medication review, and full interdisciplinary participation, with documentation completed each time.** A standardized approach to care conferences was implemented to ensure consistency and completeness. At each conference, residents and families were engaged and asked what was going well, what could be improved, and opportunities for enhancement, with all feedback documented and followed up accordingly. Medication reviews were consistently incorporated into each care conference to support safe and effective care planning. Full interdisciplinary team participation was established, ensuring all relevant team members contributed to the discussion and documentation was completed each time to support continuity of care. **2. Staff Training: By September 2025, all staff will complete GPA and customer service training, supported by an RSC-trained coach, to improve responsiveness to resident needs.** A structured education plan was implemented to support completion of both Gentle Persuasive Approaches (GPA) and customer service training. A Customer Service Program was secured and delivered using a train-the-trainer model to allow for ongoing internal education. The Resident Services Coordinator (RSC) was trained as a GPA coach, enabling consistent on-site coaching and reinforcement of best practices. GPA education was completed across all departments, and staff applied this learning in daily practice to improve responsiveness, enhance communication, and support residents with responsive behaviours in a safe and respectful manner. **3. Communication: By February 2025, monthly leadership communication will be in place through Coffee Talks, resident calendars, and accessible newsletters shared with residents and families.** A consistent communication strategy was implemented to strengthen engagement with residents and families. Monthly Management Coffee Talks were developed and scheduled, providing regular opportunities for residents to engage with leadership and share feedback. These sessions were added to the resident calendar to ensure awareness and participation. Monthly newsletters were created and reviewed at Residents' Council to support communication and transparency. Newsletters were also printed and made accessible to all residents and families, ensuring information was shared consistently and in an inclusive manner.	**Updated Outcomes from 2025 Survey** 1. Care Conferences: Completed December 2025, with satisfaction improving to 94.52%, exceeding the established target and reflecting enhanced resident engagement in care discussions. 2. Staff Training (Timely Help): Completed September 2025, with results improving to 93.95%, exceeding the target and demonstrating improved responsiveness to resident needs. 3. Communication: Completed February 2025, with satisfaction reaching 87.11%, exceeding the target and indicating improved clarity and timeliness of communication with residents.

2024 Family Satisfaction Survey: Top Opportunities

Physiotherapy/OT 55.6%
Maintenance 58.5%
Leadership Communication 60.8%

1. Improve physiotherapy services by promoting the relocated main floor space, adding equipment, and increasing access and awareness for residents and families.
Access to physiotherapy services was strengthened through the relocation of services to a more accessible main floor space, improving visibility and ease of access for residents. Additional equipment was introduced to enhance the range and quality of therapeutic interventions available within the home. Ongoing promotion of physiotherapy services was completed through communication with residents, families, and the interdisciplinary team, increasing awareness and encouraging utilization. This approach supported improved access, participation, and overall resident mobility and function.

2. Enhance maintenance by completing interior renovations and improving outdoor spaces, cleanliness, and amenities.
Interior and exterior improvements were progressed to enhance the overall resident environment. Renovations within the home were completed in a structured manner, focusing on key areas to improve safety, comfort, and appearance. Outdoor spaces were reviewed and enhanced to promote resident engagement and quality of life. Maintenance processes were strengthened through clearer accountability, routine monitoring, and timely follow-up on identified issues. This contributed to a cleaner, safer, and more welcoming environment for residents, families, and staff.

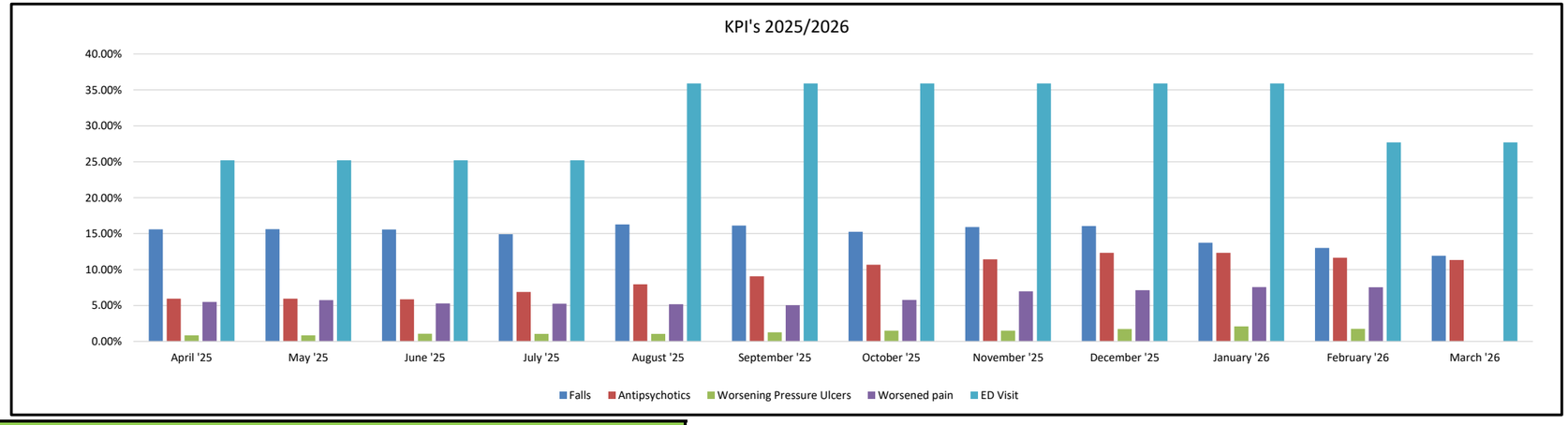
3. Strengthen communication by ensuring consistent newsletters, increasing family engagement, and keeping all updates and information accessible and current.
Leadership communication was strengthened through the implementation of consistent and accessible communication strategies. Monthly newsletters were developed and shared with residents and families, ensuring key updates and information were readily available. Opportunities for family engagement were expanded through increased participation in councils, meetings, and discussions within the home. Information was presented in accessible formats and regularly reviewed to ensure it remained current and relevant. This approach supported transparency, strengthened relationships, and promoted meaningful engagement with residents and families.

Updated Outcomes from 2025 Survey

1.Physiotherapy/OT: Satisfaction was reported at 80.29%, reflecting ongoing opportunities to enhance awareness, access, and engagement with therapy services.
2.Maintenance: Satisfaction reached 83.94% (or 81.85% for the overall category), indicating generally positive perceptions with opportunities to further strengthen consistency and responsiveness.
3.Leadership Communication: Satisfaction was reported at 81.67%, demonstrating positive progress with continued focus on clarity, timeliness, and engagement with residents and families.

Key Perfomance Indicators

KPI	April '25	May '25	June '25	July '25	August '25	September '25	October '25	November '25	December '25	January '26	February '26	March '26
Falls	15.60%	15.62%	15.57%	14.92%	16.28%	16.12%	15.25%	15.92%	16.06%	13.73%	13.01%	11.92%
Antipsychotics	5.94%	5.96%	6%	6.88%	7.94%	9.05%	10.67%	11.42%	12.33%	12.33%	12%	11%
Worsening Pressure Ulcers	0.84%	1%	1.06%	1.05%	1.04%	1.27%	1.51%	1.50%	1.72%	2.09%	1.74%	0.00%
Worsened pain	6%	6%	5%	5%	5%	5%	6%	7%	7%	8%	8%	0%
Restraints	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
ED Visit	25.20%	25.20%	25.20%	25.20%	35.90%	35.90%	35.90%	35.90%	35.90%	35.90%	27.70%	27.70%



How Annual Quality Initiatives Are Selected

The continuous quality improvement initiative is aligned with our mission to provide quality care and services through innovation and excellence. The home has a Continuous Quality Improvement Committee comprised of interdisciplinary representatives that are the home's quality and safety culture champions. An analysis of quality indicator performance with provincial benchmarks for quality indicators is completed. Quality indicators below benchmarks and that hold high value on resident quality of life and safety are selected as a part of the annual quality initiative. Emergent issues internally are reviewed for trends and inccorporated into initiative planning. The quality initiative is developed with the voice of our residents/families/POA's/SDM's through participation in our annual resident and family satisfaction survey and as members of our continuous quality improvement committee. The program on continuous quality improvement follows our policies based on evidence based best practice.

Summary of Resident and Family Satisfaction Survey for Previous Fiscal Year

Date Resident/Family Survey Completed for 2024/25 year:	October 1st 2025 to October 31st 2025

Results of the Survey (*provide description of the results*):	Resident satisfaction 89.12% above the organizational overall score and an increase from last year Family Satisfaction 84.4% slightly below the organizational overall score of 86%, however it is an increase from previous years. Residents are very happy with recreation services with the highest score of 95.62%. The lowes score was for dining services which still scored 82.1%. Families are very satisfied with the continence products with a 87.22% score. The lowest score was related to dining services which scored 82.96%
How and when the results of the survey were communicated to the Residents and their Families (including Resident's Council, Family Council, and Staff)	Resident council meeting was held, and minuted. Discussed about the results. Email was sent to family members. Results were posted in elevators and committe board. It was discussed during townhall meeting.

Client & Family Satisfaction	Resident Survey				Family Survey				Improvement Initiatives for 2026
	2026 Target	2025 (Actual)	2024 (Actual)	2023 (Actual)	2026 Target	2025 (Actual)	2024 (Actual)	2023 (Actual)	
Survey Participation	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	43.00%	Participation Rate: A 100% participation rate was maintained, reflecting strong engagement from residents and families.
Would you recommend	100.00%	95.24%	65.40%	63.90%	100.00%	79.85%	66.00%	69.60%	Home Recommendation: Feedback related to recommending the home showed improvement over previous years, with efforts focused on strengthening communication between families and residents to support continued progress.
If I have a concern, I feel comfortable raising it with the staff and leadership	100.00%	85.94%	81.80%	73.50%	100.00%	85.48%	78.40%	76.80%	Communication Trends: Satisfaction continued to trend upward over the years, supported by ongoing efforts to develop and maintain open, consistent communication between families and residents.

Summary of quality initiatives for 2026/27: Provide a summary of the initiatives for this year including current performance, target and change ideas.

Initiative	Target/Change Idea	Current Performance
Rate of ED visits for modified list of ambulatory care–sensitive conditions per 100 long-term care residents	**Target Performance: 35.00** **Change Idea (1)**: To reduce unnecessary hospital transfers, through the use on on-site Nurse Practitioner, **Change Idea (2):** Build Capacity and improve overall clinical assessment skills of Registered staff through education supported by the Nurse Practitioner. **Change Idea (3):** Educate residents, families and staff about the benefits of and approaches to preventing ED visits. **Change Idea (4):** Education on palliative approach and end of life for staff, residents and families.	35.88% as of January 2026
Percentage of staff who have completed relevant equity, diversity, inclusion, and anti-racism education	Target Performance: 100.00% **Change Idea (1)**: To facilitate ongoing feedback or open door policy with the management team. **Change Idea (2)**: To include Cultural Diversity as part of CQI meetings. **Change Idea (3)**: To ensure assessment on admission of language, faith, gender preference for care etc.). **Change Idea (4)**: All staff to have annual AODA training.	100% as of 2025
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences"	**Target Performance: 88%** **Change Idea (1)**: Engage residents in meaningful conversations, care conferences and Resident's Council meetings. Focus on Resident Right #29 **Change Idea (2)**: Resident Services Coordinator will complete wellness checks on residents.	85.94% as of 2025
Percentage of long-term care residents whose stage 2 to 4 pressure ulcer worsened	**Target Performance: 1.43%** **Change Idea (1):** To reduce the percentage of residents who develop, or experience worsening pressure injuries. **Change Idea (2):** During admission/readmission process, complete a comprehensive review of resident status, and risk level for alteration in skin, and develop plan of care. **Change Idea (3):** Prompt identification and documentation of worsening pressure injuries.	1.46% as of April 2026
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	**Target Performance: 15.80%** **Change Idea (1):** To facilitate a falls huddle for each fall that occurs.	16.15% as of April 2026

	Change Idea (2): Ensure staff understand the 4P's of resident needs to decrease preventable falls. **Change Idea (3):** To reduce the number of falls in the home.	
2025 Resident Satisfaction Survey: Top 5 Opportunities 1. Variety of food & beverages 2. Temperature of food & beverages 3. Overall meals, beverages & dining services 4. Food & beverages served 5. Access to hairdresser	Action Plan: 1. Improve variety of food and beverages Review menu with Resident Food Council and gather input on preferred meals, seasonal options, and special events. Use feedback to update future menu cycles. 2. Improve temperature of food and beverages Discuss concerns at Resident Food Council. Identify when issues occur and address through Leadership review. 3. Enhance dining experience Gather feedback on meals and dining services through Council and care conferences. Review and implement improvements where possible. 4. Strengthen feedback and communication Review resident feedback at Leadership meetings. Communicate changes made or reasons changes cannot be implemented. 5. Improve access to hairdressing services Ask residents preferred days/times. Recruit hairdresser and communicate service. Evaluate and adjust based on resident feedback.	2025 Resident Satisfaction Survey Result: 1. 79.62% 2. 80.00% 3. 81.54% 4. 81.92% 5. 82.14%
2025 Family Satisfaction Survey: Top 5 Opportunities. 1. Satisfied with the timing and schedule of spiritual care services. 2. The resident has input into the spiritual care services. 3. The resident has access to foot care when needed. 4. Satisfied with the quality of care from physiotherapist and occupational therapist. 5. My concerns are addressed in a timely manner.	**Action Plan:** 1.Improve spiritual care services Meet with Resident Council to review types, schedule, and timing of services. Gather feedback, review at Leadership, and communicate any changes. Ensure services are included in the activity calendar and newsletter. 2.Improve resident input in spiritual care Ask Resident Council for suggestions on spiritual services and implement changes where possible. Share updates or reasons changes cannot be made. 3.Improve access to foot care services Schedule regular foot care clinics, post dates in advance, and include in newsletter. Review resident needs during care conferences, including advanced care requirements. 4.Improve quality of physiotherapy services Discuss services with Resident Council and gather feedback. Review at Leadership and communicate updates. Ask for feedback during care conferences and include information in the newsletter. 5.Improve timeliness of addressing concerns Acknowledge concerns within one business day and follow up within one week. Ask about concerns during care conferences and ensure timely follow-up.	2025 Family Satisfaction Survey Result: 1. 76.85% 2. 80.51% 3. 79.02% 4. 80.29% 5. 80.50%

Participants of Evaluation Name and Signatures:	*Print out a completed copy - obtain signatures and file.*	Date Signed:
Quality Improvement Lead	Caroline Shemilt	**22-May-26**
Executive Director	Astrida Kalnins	**22-May-26**
Director of Care	Caroline Shemilt	**22-May-26**
Nutrition Manager	Milena Boricic	**22-May-26**
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Family Council Representative	N/A	**22-May-26**
Medical Director	Dr. Gaurav Bhattacharya	**22-May-26**
Other		
Other		